COMPLETE THIS SECTION ON DELIVERY SENDER! COMPLETE THIS SECTION Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 21 6 per D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No 1. Article Addressed to: Dell EMC 176 South Street Hopkinton, MA 01748 3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail® Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise 9590 9402 3073 7124 2444 14 ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
☐ Signature Confirmation
Restricted Delivery 2. Article Number (Transfer from service label) ☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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2017 Dec-18 AM 11:24

U.S. DISTRICT COURT

N.D. OF ALABAMA